

PDE-5 Inhibitor Prior Authorization Request Form

To be completed and signed by the prescriber. To be used only for prescriptions which are to be filled through the Department of Defense (DoD) TRICARE Mail Order Pharmacy (TMOP) or the TRICARE Retail Pharmacy Program (TRRx). Express Scripts is the TMOP & TRRx contractor for DoD.

Prior authorization for PDE-5 inhibitors is **NOT** required for male patients 50 years of age or older being treated for erectile dysfunction. Prior authorization **IS** required for male patients less than 50 years of age being treated for erectile dysfunction and for **ALL** patients being treated for primary pulmonary hypertension.

MAIL ORDER	IF the prescription is to be filled through the TRICARE Mail Order Pharmacy, check here <input type="checkbox"/>	RETAIL	IF the prescription is to be filled at a retail pharmacy under the TRICARE Retail Pharmacy Program, check here <input type="checkbox"/>
	<ul style="list-style-type: none">The provider should complete the form, sign, and dateThe provider may fax the completed form and the prescription to 1-877-895-1900 or 1-602-586-3911 (commercial) ORThe patient may attach the completed request form to the prescription and mail it to the TMOP at: Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954		<p>To request prior authorization, the provider may call this number:</p> <ul style="list-style-type: none">1-866-684-4488ORThe provider may complete the form, sign, date, and fax to 1-866-684-4477

Prior authorization criteria and a copy of this form are available at: www.tricare.osd.mil/pharmacy/prior_auth.cfm. This prior authorization has no expiration date.

Drug for which Prior Authorization is requested: **Cialis (tadalafil), Levitra (vardenafil), Revatio (sildenafil), or Viagra (sildenafil)**

Step 1 Please complete patient and physician information (Please Print)

Patient Name:	_____	Physician Name:	_____
Address:	_____	Address:	_____
Sponsor ID#	_____	Phone #:	_____
		Secure Fax #:	_____

Step 2 Please consider the following:

- Patients taking nitrates, either regularly or intermittently, should not receive PDE-5 inhibitors. Patients should be informed of the consequences should they initiate nitrate therapy while taking a PDE-5 inhibitor.
- Please see product labeling precautions for concurrent use with alpha blockers.

Step 3 Please complete the clinical assessment

1. Is the PDE-5 inhibitor being prescribed for the treatment of sexual dysfunction?	<input type="checkbox"/> Yes Please proceed to Question 2	<input type="checkbox"/> No Please proceed to Question 7
2. Is the medication Revatio?	<input type="checkbox"/> Yes Coverage not approved	<input type="checkbox"/> No Please proceed to Question 3
3. Is the patient male?	<input type="checkbox"/> Yes Please proceed to Question 4	<input type="checkbox"/> No Coverage not approved
4. Is the patient 18 years of age or older?	<input type="checkbox"/> Yes Please proceed to Question 5	<input type="checkbox"/> No Coverage not approved
5. Is the patient 50 years of age or older?	<input type="checkbox"/> Yes Do not submit form. Prior authorization is not required for males 50 years or older. Coverage limited to a collective quantity (Cialis, Levitra, and/or Viagra combined) of 6 tablets per 30 days or 18 tablets per 90 days.	<input type="checkbox"/> No Please proceed to Question 6
6. Is the PDE-5 inhibitor being prescribed for the treatment of erectile dysfunction of organic origin? <small>Organic impotence is considered a consequence of chronic medical conditions that result in impaired arterial blood flow or nerve damage, mixed organic/psychogenic causes, and necessary use of causative medications that cannot be reduced or discontinued. TRICARE regulations specifically exclude coverage of therapies for erectile dysfunction that is not of organic origin.</small>	<input type="checkbox"/> Yes Coverage approved Please sign & date form. Coverage limited to a collective quantity (Cialis, Levitra, and/or Viagra combined) of 6 tablets per 30 days or 18 tablets per 90 days	<input type="checkbox"/> No Coverage not approved
7. Is the PDE-5 inhibitor being prescribed sildenafil (Viagra or Revatio) AND is it for the treatment of primary pulmonary hypertension?	<input type="checkbox"/> Yes Coverage approved To determine quantity requirements, please complete Question 7a.	<input type="checkbox"/> No Coverage not approved

7a. Dosing Regimen _____

Step 4 I certify that the above is correct to the best of my knowledge (Please sign and date):

_____	_____
Prescriber Signature	Date